

CLAIMS ONLY

Application Number:

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep						
Total Depend						
Total Claims						

	Indep	Depend	Indep	Depend	Indep	Depend
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52	I	I				
53						
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58	I	I				
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100						
Total Indep	4					
Total Depend	30					
Total Claims	34					